

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012
Fill in circle if amendment ☐
Report Period: ☐ January/June ☒ July/December
Type of Lobbying: ☐ Nonprocurement ☐ Procurement ☒ Both
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cjm
late 126 days
ck# 4557 #50
131231
IVD: Φ
RECEIVED MAY 21 2013

II Client Information

Name: Group for Equitable Tax Practices
Permanent Business Address: 155 First Street, P.O. Box 863
City: Mineola State: NY ZIP code: 11501
Business Phone: 516-747-6300 Fax Number:
Third Party Beneficiary (see instructions): N/A

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both
Name: MARSH, WASSERMAN & MCHUGH, LLC Phone Number: 518-436-6000
Address: 677 BROADWAY
City: ALBANY State: NY ZIP code: 12207
Compensation for current period: \$5934 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$5934 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$.00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.
A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: KOEPEL MARTONE & LEISTMAN LLP

or
Single Source Person's Last Name: First Name:

Address: 155 FIRST STREET, P.O. BOX 863

City: MINEOLA State: NY ZIP code: 11501

Phone: 516-747-6300

Date Contribution Received: 07 / 12 / 12 Amount of Contribution: \$ 989 .00

Date Contribution Received: 08 / 02 / 12 Amount of Contribution: \$ 989 .00

Date Contribution Received: 08 / 30 / 12 Amount of Contribution: \$ 989 .00

Date Contribution Received: 10 / 03 / 12 Amount of Contribution: \$ 989 .00

Date Contribution Received: 11 / 06 / 12 Amount of Contribution: \$ 989 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contribution(s) Single Source #2

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:** ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source #1

Single Source(or Related or Affiliated) Entity's Name: KOEPEL MARTONE & LEISTMAN, LLP

Single Source (or Related or Affiliated) Person's Last Name: _____ First Name: _____

Address: 155 FIRST STREET, P.O. BOX 863

City: MINEOLA

State: NY

ZIP code: 11501

Phone: 516-747-6300

Date Contribution Received:	12 / 04 / 12	Amount of Contribution:	\$ 989 .00
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VI Subjects lobbied:

Issues relating to Tax Assessments and Tax Certiorari settlements or judgments

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Assembly, Senate, Executive

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A3982, A5339, S133, S2706, A6461, A6462, S4647, A8518, S5002, S5856, A9012, A9466, A9483, S6222, S6572, S6573, S7774, S7776

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:



DATE: MAY 17, 2013

PRINT NAME: LAST LEISTMAN

FIRST DONALD

TITLE: MEMBER

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to **\$25** for each day this report is late.